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LOOE URBAN DISTRICT COUNCIL

THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1956

To the Chairman and Members of
The Looe Urban District Council.

Mr.Chairman, Mrs. Crabb & Gentlemen,

During the year 1956 the estimated total population of the Health Area fell by 610. This fall was mainly due to a reduction in the population of the Torpoint Urban District from 6,210 to 5,680, due probably to some reduction in the numbers of Royal Navy personnel in the district. There were also small decreases in population in St. Germans Rural District, Liskeard Rural District and Liskeard Municipal Borough and small increases in Saltash Municipal Borough and Looe Urban District. With 696 live births there was an excess of births over deaths of 44. The corrected birth rate for the Area at 15·1 was slightly below the national rate of 15·7 per 1,000 of population. The highest birth rate recorded was in the Liskeard Rural District at 16·4 per 1,000, the lowest being in the Looe Urban District where it was 13·1 per 1,000. The still birth rate for the Area was 19·7 per 1,000 total births, as compared with a rate of 23·0 for England and Wales.

Deaths in the Area during the year totalled 652, a reduction of 28 on last year's figure, and the lowest so far recorded since I commenced the collection of statistics for the Area in 1948. The average age at death - 68 years for males and 73 years for females was substantially the same as in 1955, and approaches very closely the figures given in recent Life Tables by the Registrar General. Of those who died during the year, 307 or 47% of the total had reached the age of 75 years or over at the time of death. Once more the group of diseases affecting the heart took the heaviest toll of life causing 255 deaths, and accounting for just over twice as many deaths as those attributed to all forms of cancer which again lies second in order of prevalence as a cause of death. In 1956 cancer of the lung, and the windpipe has for the first time become the most numerous form of defined cancer causing death in No. 7 Health Area and was responsible for 22 deaths. Other points of interest in the death returns are the increase in the number of suicide deaths which totalled 10, and the fact that "other accidents", many of which concerned old persons occurred in the home, caused 8 deaths as compared with the more publicised type of accident involving motor vehicles which was responsible for 2 deaths only.

It is appropriate at this stage to make some further reference to cancer of the lung, and bronchus (windpipe) which has in recent years been taking an increasing toll of life, and had in consequence received a great deal of publicity, and has provoked much correspondence from statisticians, scientific, and medical workers, and non-specialised people in all walks of life. The main, and rather grim fact of this situation - that lung cancer mortality has greatly increased in the past 25 years - is nowhere in dispute, but there is as yet no agreement on the cause, or causes of this 20th century plague. As a measure of the increase in the disease the rise in the number of deaths from this cause in the country as a whole from 2,286 in 1931 to 17,271 in 1955 is tragically clear, and in this Area there has been a noticeable and steady increase in the disease over the past seven years, from 7 deaths in 1950 to 22 deaths in 1956. In 1950 medical and statistical research workers in this country, and in America suggested that there was a strong link between the incidence of lung cancer and the consumption of tobacco. Furthermore, it appeared that the way in which the tobacco was consumed had a considerable effect on the risk of provoking cancer of the lung, with the cigarette in the role of the villian of the piece. In October 1951 two British medical research workers with the help and co-operation of the medical profession, Government departments, and the British Medical Association commenced an enquiry into the smoking habits of some 40,700 doctors. These doctors were then followed through until March 1956 - a period of four years and five months - and the mortality they had suffered during this period from lung cancer was examined in relation to their smoking habits in October 1951 as shown in a questionary completed by them at that time. The result of this interesting and relatively large-scale enquiry showed a steady gradient of incidence of death from lung cancer with increasing amounts of tobacco smoked. The standardized death rates per 1,000 were: non-smokers 0·07; light smokers 0·47; moderate smokers 0·86; and heavy smokers1·66 - or in other words the death rate for lung cancer is for heavy smokers (25 cigarettes or more per day) twenty times that of the rate for non-smokers. The enquiry also confirmed a lower incidence of lung cancer in pipe, and cigar smokers, showed a diminished liability to it in those smokers who had

given up the habit, and showed a trend of increased mortality from chronic bronchitis, coronary thrombosis, pulmonary tuberculosis and peptic ulcers amongst those who smoked. There is no doubt that this investigation did much to strengthen the position of those who have been trying to bring before the public the dangerous nature of the smoking habit. In commenting on the findings of this enquiry the editor of the British Medical Journal has written: "The new evidence now published makes it more than ever imperative for all concerned to see that the public is repeatedly informed of the possible dangers to health, and life from smoking cigarettes". In spite of such clear warnings, and the publicity given to the matter in allsections of the popular press, the general mass of the public do not appear willing to abandon, or even moderate their appetite for tobacco. Indeed their jocular reference to the cigarette as a "cancer stick" suggests that in full knowledge of the possible consequences, they do not take the matter very seriously. It is of course a fact that no national publicity campaign drawing the attention of the public, and particularly adolescents, and young adults to the hazards of smoking has yet been undertaken. Whilst this may be due in part to the reluctance of the Government to accept conclusions which they, and their advisers do not yet consider fully proven, they must also have in mind the loss of Excise duty, and the probability of unemployment amongst tobacco workers which would inevitably follow the success of any campaign against the smoking habit. Even if such a national Government sponsored campaign were launched there is considerable doubt as to whether it would be a real success. There is a growing view that the tobacco habit is something more than a harmless social custom. On the contrary it bears many of the marks of a drug addiction - in this case to the drug nicotine, and other chemicals which are released, and absorbed when tobacco is smoked. Those of us who have witnessed the efforts of our friends and acquaintances to stop smoking will have observed the intense, almost pathological craving, coupled with an irritability which makes the previously placid smoker difficult to live with and work with. I have more than a little sympathy with the moderate or heavy smoker, long confirmed in his habit, who tries to give it up, and I do not feel that any campaign aimed at him is going to meet with success. Our efforts must be directed mainly at those adolescents, and young adults who have not yet acquired what is after all, an unnecessary, expensive, and probably dangerous habit.

There was a welcome reduction in the number of deaths of infants under one year of age during the year, when 11 such deaths were registered. This is a reduction of 5 deaths on the 1955 total, and is the lowest figure so far recorded, the previous best being 13 deaths in 1954. The 1956 infant mortality rate for the Area was 15•8 per 1,000 live births, as compared with the national rate of 23•8. The highest rates in the Area were at Liskeard M.B. and Saltash M.B. whilst Torpoint U.D. and Looe U.D. there were no infant deaths. Of the 11 deaths, no less than 8 were of infants under four weeks of age. In these 8 infants dying in the first hazardous days after birth the cause in 75% of the cases was prematurity. Whilst some of the premature births would have been difficult or perhaps impossible to prevent, some at least might have been prevented by better ante-natal care of the expectant mother. In this connection it is worth remembering that whatever the National Heath Service may offer through the family doctor, the midwife, and the ante-natal clinic, the co-operation and understanding of the expectant mother is very important if the desired result - a normal birth at full-term is to be achieved. Pregnancy is in the great majority of cases a normal physiological process which ends in the birth of a healthy baby, but since in a small proportion of cases complications and abnormalities do arise, it is never wise to take things altogether for granted. The observance of some simple, and not particularly irksome rules about diet, rest and relaxation, and clothing will do much to prevent the onset of those difficulties which once established, and allowed to continue may result in stillbirth, or premature birth. In this Health Area, largely rural in character, the ante-natal clinic operating in one of the larger centres of population did not prove successful, and the provision of ante-natal care, and advice must therefore rest with the family doctor, and the district nurse/midwife.

For many years maternal mortality has been very much less of a problem than infant mortality, and it is now uncommon to find women dying as the result of childbirth. In the Health Area there was only one such death last year, and even this is above the average for the preceding five years in which three such deaths only occurred.

During the year 1956 the incidence of infectious disease, other than tuberculosis, was below average. The total number of cases notified was 480 as compared with an average of just over 900 for the six years immediately preceding. The most prevalent diseases in numerical order were measles with 241 cases,

whooping cough with 111 cases, pneumonia with 70 cases, and erysipelas with 21 cases. Of the more serious infectious diseases there were 3 cases of poliomyelitis, 3 of encephalitis, and 1 of meningitis. None of these or indeed of the more common infectious diseases had a fatal outcome, and the 3 cases of poliomyelitis were of the non-paralytic variety. One of these was a summer visitor to Looe who was already suffering from the disease when she left her home in Manchester to travel to Cornwall.

In the early months of the year the parents of some 5,800 children born in the years 1947 to 1954 inclusive were written to, and asked to signify whether they wished to have their children registered for immunisation with a new British poliomyelitis vaccine which it was hoped would soon be available in limited quantities. Parents of 1,564 of these children agreed to register them - an acceptance rate of 27%. Subsequently in May and June with the limited supply of vaccine provided, 178 children selected according to a plan given by the Ministry of Health were vaccinated without incident. It is not possible to express any useful opinion yet on the efficacy of this vaccine especially as the incidence of poliomyelitis in the country was relatively light during the summer and autumn months of 1956, and children were therefore not exposed to a great deal of this infection. The acid test of this or any other vaccine against poliomyelitis will be its ability to protect vaccinated children in the face of moderate or heavy infection in their environment. We all fervently hope that this new measure against poliomyelitis will prove effective, as up to date all other measures tried have proved unreliable, and of little value.

Although the total incidence of new cases of tuberculosis during 1956 was below that of the previous year, the reduction occurred wholly in non-respiratory disease, the incidence of respiratory disease remaining at 28 cases as in 1955. One case only of non-respiratory tuberculosis was notified during 1956, and this is by far the lowest figure recorded for this disease since the Health Area was formed in 1948. Since most non-respiratory infections are due to the bovine type of tubercle bacillus, we have good reason to hope that as tuberculous cattle are eliminated from dairy herds this disabling and disfiguring disease once so common amongst children and adolescents will largely disappear. Unfortunately the prospect for the more common form of tuberculosis - that which affects the lungs - is not nearly so bright. Respiratory tuberculosis has always been the more prevalent type of the disease, and since the human being is the reservoir of infection it is understandably much more difficult, to discover and control human sources of infection. Amongst those who give time and thought to the problem there is a growing belief that the largest part of the reservoir of infection lies in the older age-groups of the community, i.e., from 45 years upwards. Many such people suffer from long-standing chest complaints - usually labelled as chronic bronchitis - which may mask the presence of tuberculous infection, or may through their chronic debilitating effect on the lung tissues, predispose to the lighting up of an old and apparently healed focus of tuberculous infection, dating back perhaps to adolescent or early adult life. In this connection it is worth reporting the result recently published of an investigation into a possible association between smoking and respiratory tuberculosis. This showed that in both sexes patients of over 30 years of age with respiratory tuberculosis showed a highly significant deficiency of non-smokers, and light smokers, and an excess of moderate and heavy smokers when compared with control cases not suffering from tuberculosis. This suggests that smoking may be an important cause of the breakdown of healed, and quiescent respiratory tuberculosis in adults, especially those past middle age who have been smoking for many years. Whatever the cause or causes of respiratory tuberculous infection in middle-aged and elderly persons, it is generally difficult to persuade such persons of the desirability or necessity of having their chest condition properly investigated to exclude diseases such as tuberculosis, and cancer which are becoming more common in the later decades of life. The popular conception of tuberculosis is of a disease which affects adolescents and young adults, and it therefore is not surprising to find difficulty in convincing older persons of their liability to suffer from it, and of the necessity to under go X-ray examinations and sputem tests when their chest condition is not normal. It is a common experience to find when checking up on the contacts of newly discovered cases, that middle-aged or elderly relatives and friends of the patient who have had contact with him, are either reluctant, or refuse outright to have themselves investigated at the Chest Clinic. The fallacy of this outlook is illustrated by reference to the figures for new cases of respiratory tuberculosis notified during the three years 1954 - 1956 inclusive. Of the total of 81 such cases in the Health Area, no less than 32 were in the 45 - 65 year age group, and 9 were in the over 65 year age group. Thus just over 50% of the new cases notified in these three years were in middle aged, and elderly persons, and 6 of these were aged 70 years and over. I hope that figures such as these will help to dispel any notion that respiratory tuberculosis is mainly a disease of the young, and will perhaps

help to persuade those past middle age to co-operate more readily with those of us who are trying to eradicate this disease. They owe it not only to themselves so that if required they may be given treatment, but also to those with whom they associate, and whom they may unknowingly infect with tuberculosis.

The most striking feature of the years since 1946 has been the steady fall in the mortality from tuberculosis. Thus in 1948 when the No. 7 Health Area was constituted the number of deaths from this disease was 13, and this figure rose to 21 two years later in 1950. Since then it has shown a progressive and welcome reduction until in 1956 it reached the record low figure of 1 death only. The principal credit for this happy state of affairs must go to the new highly effeftive range of drugs which are now available for the treatment of tuberculosis. Not only do they arrest the progress of the disease but they also shorten the duration of treatment under hospital conditions, and therefore allow a more rapid turnover of sanatorium beds. This in turn means that new patients can be more readily accepted for sanatorium treatment, and the great bugbear of the immediate post-war tuberculosis situation - the long wait for a bed in a sanatorium - has virtually disappeared. Since the prompt isolation and adequate treatment of the newly discovered case is an important factor in limiting the spread of tuberculosis, one may reasonably hope, and expect that improved methods of treating the disease will eventually bring about some reduction in the number of persons newly infected. We may also hope that this more effective treatment of tuberculosis will encourage cases to seek early advice, and to persevere with treatment to a greater extent than in those not-so-distant times when the outlook in tuberculosis was so much more gloomy.

Some few years ago the Medical Research Council commenced a large-scale investigation unto the use of B.C.G. vaccine in preventing tuberculous infection in adolescents. In February 1956 the first progress report was published. This showed that B.C.G. vaccination did confer a substantial degree of protection in adolescents, and it appeared that vacciniation reduced the chances of contracting tuberculosis by about 80% or to put it in another way, of every five cases of tuberculosis appearing in unvaccinated adolescents, four might have been prevented by B.C.G. vaccination. The County Medical Officer has since 1954 operated a scheme for giving B.C.G. vaccine to adolescents in the school-leaving age group who after appropriate tests were found to need it. The response of parents to this scheme has on the whole been very good, and by the time the last series of testing, and vaccination sessions were held in November 1956 a total of 1,658 school-leavers had been vaccinated in No.7 Health Area.

The welfare of old persons continued to cause some anxiety during the year. The difficulties of dealing with old people arises not so much from shortage of suitable welfare, and hospital accommodation - although during the winter these are only just adequate - as to the reluctance, or outright refusal of some of them to agree to move into an institution or hospital where they can be cared for. No doubt much of their obstinacy stems from a natural sense of independence commoner in a generation which grew up and formed its values before the advent of the Welfare State, whilst in many of the dulling of their critical faculties by advancing years makes them unable, and unwilling to appreciate the deterioration which has taken place in their personal standards of living, of cleanliness and of their conduct towards the rest of the community in which they live. In fairness to the general body of elderly people I must make it clear that the old persons referred to above are in the minority. The great majority of old persons live under reasonable conditions in their own homes, with relatives, or in eventide home or institutions, and cause little or no concern to anyone. On the other hand the few recalcitrant and unreasonable characters which do exist, can cause trouble, and anxiety to their neighbours, and to the welfare services out of all relation to their actual numbers. I am aware that powers exist under which such cases can be taken before the local Court of Summary Jurisdiction, but I am very reluctant to recommend District Councils to take this course of action, and they are understandably equally reluctant to authorise the taking of such action. Apart from the possibility that the Court may have to deprive the old persons of his liberty, he is in any event exposed to the publicity which almost inevitably accompanies the taking of the case before the Bench. In this latter connection I feel that such cases might be more expeditiously, and humanely dealt with if the procedure used for mentally ill people - the consideration of the case out of Court by one or two Justices - were adopted, particularly as some of the cases concerned display eccentricities of behaviour, and confusion of thought, which if not calling for action under mental health legislation do suggest some deterioration in mental faculties.

In spite of the various difficulties encountered in this field during the year, it was not found necessary to take action under the National Assistance Act, 1948, to seek the compulsory removal of any old person to an institution or a hospital.

The Food Hygiene Regulations 1955, which were laid before Parliament in December 1955, came into operation on 1st January, 1956. There was some feeling of disappointment amongst public health workers that the new regulations did not give all the powers that seemed necessary to secure and maintain good standards in this important aspect of their work. In addition it was not very long before certain ambiguities, and difficulties of interpretation of parts of the regulations became evident which are likely to reduce the effectiveness of these regulations. Another source of disappointment was the failure of the regulations to provide for compulsory registration of food premises with the Local Authority, in this case the County District Council. As long ago as 1951 when the Report of the Catering Trade Working Party was published, the Local Authority and Public Health representatives on the Working Party urged that catering establishments should after adequate inspection, and providing they came up to an agreed standard, be registered. On the other hand the Catering Trade representatives pressed for registration "as of right". Although the two parties did not agree about the way in which registration should be effected, both appeared to consider that it was desirable. It is therefore surprising to find that when the long-awaited new regulations did appear, there was no reference to any type of registration, even for catering establishments in which mediocre, or poor standards of premises, and equipment make it difficult for reasonable standards of food hygiene to be maintained. There are in this Area catering establishments where, because of the limited space available, both inside, and around the buildings, rooms for storage, and preparation of food are inadequate in size, and badly ventilated, and garbage and waste food bins have to be stored in the same room in which food is prepared, cooked and served. As the law stands at the moment there is little the Local Authority can do to ensure such premises are used to the best advantage of the public who use them, and have the right to expect that the food prepared in them will be hygienically handled, wholesome, and free from infection. In spite of the defects in the regulations which I have referred to, they do represent an improvement on the provisions of the Food and Drugs Act, 1938, and it has been possible by recourse to them to secure better conditions in the great majority of premises in which food is handled, prepared, and sold. In general owners and managers of food businesses have been helpful, and co-operative in carrying out alterations, additions, and works necessary to bring their premises up to the required standard.

During 1956, in spite of the great influx of holidaymakers into the Area, with the resultant large expansion in the catering trade, four cases only of food poisoning were notified. Thesewere amongst visitors who were moving about a good deal, and there was no indication as to where the infection was contracted. I have in previous years written of the importance of maintaining good standards in the heliday catering industry, which is after all one of Cornwalls principal sources of employment and income. At the risk of appearing tedious or repetitive I should again like to draw the attention of all concerned in this trade to the necessity of continuing to maintain the highest possible standards in spite of the difficulties which I know they have to contend with in a trade which because of its seasonal nature has to employ considerable numbers of semi-skilled, and unskilled workers.

The main activity in the field of water supply has again been in the vicinity of Liskeard where work on the new intake main from the River Fowey to St. Cleer, and on the new treatment plant and storage reservoir on St.Cleer Downs for the Liskeard and District Water Board continued, and made good progress. Whilst the Water Board was undertaking this work, the Liskeard Rural District Council proceeded with a comprehensive scheme of laying water mains in the southern, and south-western parts of the Rural District. These mains will be ready to function as soon as the bulk supply of treated water becomes available at the Water Board's new works on St.Cleer Downs - probably in the early autumn of 1957. This new supply when it becomes available will prove a great boon to farms and private dwellings which up to now have been dependent on local sources liable to failure in dry spells, and of doubtful purity. Towards the end of the year notification was received of the proposal to hold an enquiry into a further section of the scheme to bring piped water to that part of the Rural District lying to the north and north-east of the main works at St.Cleer. In parts of the Area other than the Liskeard Rural District supplies of water were generally adequate and of good quality, and apart from minor problems of distribution, no real difficulties arose. During the latter part of the year discussions between the South East Cornwall Water Board, and the Liskeard and District Water Board with a view to examining and integrating policy

on water supply in this part of the County were initiated. I sincerely hope that these discussions will lead to the most efficient use of available sources of supply, and to the widest possible distribution of pure piped water in South-East Cornwall.

Apart from repairs and improvements to existing local sewage disposal schemes, the only noticeable activity in this field was the completion of the second and final stage of the scheme to serve the large village of St.Germans. The large-scale scheme for the town of Callington, submitted to the appropriate Ministry at the end of 1955, was finally approved in November 1956 and there is now every reason to hope that a start on actual constructional work will be made in the early summer of 1957. In the Liskeard Rural District schemes to deal with sewage in five villages were examined and approved in principle by the Ministry as long ago as 1953/54 are still awaiting permission for work to commence on them. Enquiries into ways and means of dealing with sewage disposal in the Borough of Liskeard continued and it appears that it may soon be possible to prepare a final scheme to deal with the large-scale and increasing nuisance caused by the discharge of crude sewage into the East Looe river.

In concluding this general preface to my Annual Report for 1956 I should again like to express my gratitude for the help and ready co-operation I have at all times received from the various Officers of the District Councils I serve and particularly the Public Health Inspectors with whom I have worked in the closest harmony throughout the year. I should also like to thank the Members of the Councils for the support and encouragement I have had during the year and without which it would have been difficult if not impossible to carry out my duties and obligations to the Public Health Service.

I have the honour to be,

Mr.Chairman, Mrs. Crabb & Gentlemen,

Your obedient Servant,

P.J.FOX,

Medical Officer of Health.

LOOE URBAN DISTRICT

Health and Highways Committee

Councillor L. Pengelly .. .. Chairman

Councillor H.D. Miller .. .. Vice-Chairman

together with eight other members of the Council.

Health Officers of the Authority

P.J. Fox, M.B., B.Ch., B.A.O., D.P.H.,
Medical Officer of Health

J.C. Hicks, C.R.S.I..,

Senior Public Health Inspector and Surveyor

J.R. Adderley,

(Commenced 9th.May 1956)

LOOE URBAN DISTRICT

Area of Urban District	1649.5 acres
Population (Registrar-Generals Estimate)	3720
Number of Inhabited Houses	1375
Rateable Value	£71,478
Sum Represented by Penny Rate	£288

Vital Statistics for 1956

Live Births	Male	Female	Total
	23	19	42

	Looe U.D.	Health Area No.7	England & Wales
Birth rate per 1000 of population	13.1	15.1	15.7

Still Births	Male	Female	Total
	2	1	3

	Looe U.D.	Health Area No.7	England & Wales
Still birth rate per 1000 total births	66.7	19.7	23.0

Deaths	Male	Female	Total
	25	19	44

	Looe U.D.	Health Area No.7	England & Wales
Death rate per 1000 of population	9.0	11.3	11.7

Maternal deaths	None registered
Deaths of infants under one year of age	None registered

Principal Causes of Death at All Ages

Heart disease	21
Cancer (all sites)	13
Vascular lesions of the nervous system ("stroke")	3
Circulatory disease	2

Average Age at Death

Males	Females
68	80

There was a very small increase in the estimated population from 3710 in 1955 to 3720 in 1956. The number of live births fell slightly, and the birth rate remains below the figure for the Health Area and the country as a whole. Although the number of deaths exceeds the number of live births, the death rate is one of the lowest in the Health Area. The number of deaths caused by cancer showed a sharp increase during 1956, and just under half of these cancer deaths were due to cancer of the windpipe and the lungs, Whilst the average age at death for males fell to 68 years, that for females rose to the extraordinarily high figure of 80 years. Of those who died during 1956, some 50% had reached the age of 75 or above at the time of death. For the ninth successive year there were no maternal deaths, and for the second successive year there were no deaths of infants under one year of age.

Infectious Disease The incidence of notifiable disease in the Urban District was exceptionally low during the year. The total of 10 cases notified is the lowest recorded since I commenced keeping records in 1948. The one case of non-paralytic poliomyelitis which occurred affected a visitor who appears to have fallen ill on the journey from the North of England to Looe. As the disease was then prevalent in that locality it is virtually certain that she acquired her infection there.

The following are details of cases and case rates of infectious disease during the year.

Disease	Cases	Rates per 1000 of population Looe U.D.	Health Area No. 7
Pneumonia	4	1.08	1.37
Whooping Cough	2	0.54	2.18
Erysipelas	1	0.27	0.41
Dysentery	1	0.27	0.04
Encephalitis	1	0.27	0.06
Non-parlytic poliomyelitis	1	0.27	0.06

There were no deaths from notifiable infectious disease during the year.

Tuberculosis. There was some increase in the prevalence of tuberculosis during 1956 when four cases of respiratory disease and one case of non-respiratory disease were notified. Two of the respiratory cases notified were discovered during the visit of the Minature Radiography Unit to the town in November. There were no deaths from tuberculosis during the year.

The following were details of new cases, and case rates for the year 1956.

Age Group	New Cases M.	F	Deaths M	F
0 - 1	-	-		
1 - 5	-	-		
5 -15	-	1	No deaths	
15 -45	-	2	registered	
45 -65	-	1		
65 and over	1	-		
	1	4		

	Rates per 1000 of population Looe U.D.	Health Area No.7
New Cases	1.34	0.57
All known cases	7.80	7.08
Deaths	-	0.02

At the end of the year there were 25 known cases of respiratory tuberculosis, and 4 known cases of non-respiratory tuberculosis resident in the Urban District.

National Assistance Act, 1948. No action under Section 47 of this Act was called for during 1956.

Water Supply. This supply obtained from the South East Cornwall Water Board was adequate in quantity, and of excellent quality throughout the year.

Sewerage and Sewage Disposal. Apart from repairs and minor alterations to the existing sewers there is nothing to report under this head.

Food. The appointment of an Additional Public Health Inspector enabled much wider, and closer supervision to be given to food hygiene in the numerous hotels cafes, and food shops in the Urban District. On the whole standards were found to be reasonably good and owners, and managers were co-opertaive in carrying out structural improvements and alterations where these were called for. In spite of the great influx of holiday visitors during the summer months, no cases of food poisoning were reported during the year.

Factories Acts 1937 and 1948. No difficulties in the operations of these Acts were experienced during 1956.

Report of Public Health Inspector. This report by Mr. J.C. Hicks, C.R.S.I. follows. I should like to express my gratitude to Mr. Hicks, and to Mr. Adderley the Additional Public Health Inspector for the co-operation shown to me, and the help they have given me during the year.

Report of Mr. J.C. Hicks, C.R.S.I.
Senior Public Health Inspector.

Factories, Workshops and Bakehouses.

These were periodically inspected:

1. Inspections for purposes of provision as to health (Including inspections made by Sanitary Inspectors) Factories Act, 1937

	No on Registrar	Inspections
(i) Factories in which sections 1,2,3, 4 and 6 are to be enforced by Local Authorities	8	20
(ii) Factories not included in (i) in which section 7 applies.	-	-
(iii) Others	3	11
	11	31

2. Cases in which defects were found.

Particulars	Defects Found	Defects Remedied	Referred to H.M. Inspector
Want of Cleanliness (S1)	3	3	-
Ineffective drainage of floors	-	-	-
Sanitary Convenience	1	1	-
Other	-	-	-
	4	4	-

HOUSING

During the year no Council Houses were erected on the Council's Housing Estate.

Twenty Private Enterprise Houses were erected and completed with a further 15 under construction.

Total number of houses visited and inspected 280

Other i.e. drainage etc. 83

WATER

A satisfactory supply has been maintained by the South East Cornwall Water Board during the year.

450 Lineal yards of 3inch Cast Iron Water Main was laid to further portion of the East Cliff Housing Estate.

One sample of water was taken on the 12th June, 1956, and the result was highly satisfactory.

SEWERAGE

An extension to the sewerage system of 150 lineal yards of 6" earthenware pipes was laid at East Cliff, Looe.

REFUSE COLLECTION

The number of Premises from which Refuse is collected is 1616, and a twice weekly collection is made during the Summer Season, and a weekly collection during Winter. The disposal of the Refuse is by Incinerator.

FOOD AND DRUGS ACT, 1955

During the year the following has been condemned as unfit for human consumption:-

	lbs	ozs
Fresh Meat	396	7
Cooked Ham	72	3
Sheeps Kidneys	1	8
Prawns	32	0
Horse Radish Relish	5	0
Tinned Fruit	161	9
Prunes	60	0
Various Tins	6	14
Peas	167	6
Tomato Puree	295	0
	1,197	15

ICE CREAM

During the year 149 Samples of Ice Cream were submitted for bacteriological examination. The results are set out below:

GRADE 1	GRADE 2	GRADE 3	GRADE 4
130	14	5	-

There are three Ice Cream Manufacturers within the Urban District and a large quantity of Ice Cream manufactured supplies other holiday resorts with Cornwall and Devon.

Regular visits and inspections have been carried out to these premises and generally a satisfactory state of cleanliness has been maintained, both as regards the personnel engaged in this work and the premises.

FOOD HYGIENE REGULATIONS 1955 and 1956

On the 1st January, 1956, the above Regulations came into operation, and this involved a considerable amount of work as a survey of the district had to be carried out.

All premises in which food was handled and sold for human consumption were inspected and below is a summary of the types of food businesses affected by these regulations and the number of visits and inspections made to each.

Type of Food Premises	No in District	Visits and Inspections
Cafes	21	291
Clubs and Public Houses	9	64
Hotels	33	107
Guest Houses	45	87
Bed and Breakfast	Not Known	88
Butchers	6	168
Fish Shops	3	85
Grocers	19	248
Greengrocers	5	104
Bakehouses	7	197

FOOD HYGIENE REGULATIONS 1955 and 1956 (contd)

Type of Food Premises	No in District	Visits and Inspection
Confectioners and Ice Cream	6	88
Ice Cream Manufacturers	3	33
School Canteen	1	9
Polvellen O ld Peoples Home	1	3
Stalls (Vans)	Not known	35
Misc. Visits		92

No of Contraventions Found under the Food Hygiene Regulations 1955 and 1956	76
No of Contraventions complied with	74
No of Informal Notices served	39
No of Food Premises found in need of cleanliness	28
No of Premises abated .	28

On completion of this survey a true picture of the storage, handling and preparation of food sold for human consumption in and on all food premises within the Urban District was obtained.

The Food Hygiene Regulations 1955 and 1956 set down a rigid and sensible code of practice which was to be standardized throughout the country. The object of these regulations primarily was designed to enforce a high standard of cleanliness both of the personnel engaged in food handling and the premises where food was stored, handled and prepared.

Much concern during the past years has been focussed upon the design and facilities afforded to Food preparing premises and finally these regulations have brought into operation the many facilities which have been so necessary in the past.

FOOD CANNING.

During the year the following Pilchards were tinned and salted at the Local Canning Factory and by other Fish Merchants.

14 oz Oval Cans	600.148
7 oz Oval Cans	2,289,681
No 1 Tall Cans	17,247
6 oz Tall Cans	112,078
	3,019,154

Seven Hundred and Seventeen -Quarter Casks of Salted Pilchards we re exported from Looe to Italy.

PUBLIC HEALTH

Rodent Control - Seventeen Visits were made to premises affected by Rodents

Infectious Diseases - Two premises were disinfected following cases of Infectious Diseases and five visits were made to obtain further particulars of the cases involved.

MILK -During the year the following visits and inspections were czr carried out to the undermentioned.

Premises 12 Vans 20

Two samples of milk were collected and submitted for biological examination and the results were satisfactory.

J.C. HICKS, PUBLIC HEALTH INSPECTOR. LOOE U.D.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES-1956

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Heart Disease	71	62	34	17	50	21	255
Cancer (all sites)	40	29	22	8	13	13	125
Vascular lesions of the nervous system ("stroke")	27	19	10	5	9	3	73
Respiratory disease	17	6	15	2	10	-	50
Circulatory disease	12	6	6	1	4	2	31
Genito-urinary disease	5	3	4	1	1	-	14
Digestive disease	4	6	1	1	1	-	13
Suicide	4	4	1	-	-	1	10
O ther accidents	4	2	-	-	2	-	8
Motor Vehicle accidents	1	-	1	-	-	-	2

APPENDIX 2

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1956

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	26	19	14	11	9	7	86
Hypertension with heart disease	8	6	-	1	2	2	19
Other heart disease	37	37	20	5	39	12	150
Cancer of lung & bronchus	3	10	1	2	-	6	22
Cancer of stomach	8	2	2	1	5	2	20
Cancer of breast	6	2	2	-	2	-	12
Cancer of uterus	1	1	2	-	2	1	7
Other cancers	22	14	15	5	4	4	64

APPENDIX 3

DEATHS BY AGE GROUPS - 1956

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	3	2	12	45	56	96	214
LISKEARD R.D.	5	-	5	30	43	70	153
SALTASH M.B.	4	2	3	20	32	50	111
TORPOINT U.D.	1	1	1	9	10	17	39
LISKEARD M.B.	2	1	2	14	20	52	91
LOOE U.D.	-	-	3	6	13	22	44
HEALTH AREA NO.7	15	6	26	124	174	307	652

APPENDIX 4

AVERAGE AGE AT DEATH - 1956

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	66	72
LISKEARD M.B.	69	71
SALTASH M.B.	69	69
TORPOINT U.D.	64	71
LISKEARD M.B.	73	73
LOOE U.D.	68	70
HEALTH AREA NO.7.	68	73

APPENDIX 5

TUBERCULOSIS

NEW CASES AND DEATHS IN HEALTH AREA NO.7 - 1956

AGE GROUP	NEW CASES		DEATHS	
	M	F	M	F
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 YEARS	2	1	-	-
15 - 45 YEARS	3	8	-	-
45 - 65 YEA	5	4	1	-
65 YEARS AND OVER	5	-	-	-
TOTALS	16	13	1	-

	MALES	FEMALES	TOTAL
NEW CASE RATE PER 1000 OF POPULATION	0.31	0.26	0.57
MORTALITY RATE PER 1000 OF POPULATION	0.02	-	0.02

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO 7 -1956

DISTRICT	NEW CASES	ALL KNOWN CASES AS AT 31.12.56	DEATHS
ST. GERMANS R.D.	0.25	6.83	-
LISKEARD R.D.	0.50	5.50	0.07
SALTASH M.B.	0.80	7.34	-
TORPOINT U.D.	0.88	9.15	-
LISKEARD M.B.	0.46	9.28	-
LOOE U.D.	1.34	7.80	-
HEALTH AREA NO 7.	0.57	7.08	0.02
CORNWALL COUNTY	0.63	-	0.11

APPENDIX 6

CANCER OF THE LUNG AND BRONCHUS - 1956 DEATHS BY AGE GROUPS AND SEXES

AGE GROUP	MALES	FEMALES
15 - 45	1	1
45 - 65	9	1
65 - 75	3	1
75 AND OVER	3	3
TOTALS	16	6

LUNG CANCER RATE PER 1000 OF POPULATION

	MALES	FEMALES	TOTAL
HEALTH AREA No.7	0.314	0.118	0.432
CORNWALL COUNTY	0.224	0.027	0.251
ENGLAND & WALES	0.349	0.058	0.407